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ORIGINAL

ILLINOIS COMMERCE COMMISSION

If this application is filed via e-docket, or if unable to do so, file one original verified application with the Chief Clerk.)

Docket No. _____

ICC Office Use Only

Please provide the appropriate information in the () areas in the heading below.

Telecom AG, LLC

Application for a certificate of
interexchange authority
to operate as a reseller
of telecommunications
services statewide in the
State of Illinois.

08 W49

APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER

(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name(including d/b/a, if any)

FEIN # 208823136

Telecom AG, LLC

Address: 182 Madeira Avenue

City: Coral Gables State: Florida / Zip: 33134

2. Authority Requested: (Mark all that apply) ☐ 13-403 Facilities Based Interexchange

☒ 13-404 Resale of Interexchange

☐ 13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance. **Not applicable. Applicant does not seek local exchange authority**

☐ Part 710 Uniform System of Accounts for Telecommunications Carriers

☐ Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits, Termination of Service and Issuance of Telephone Directories for Local Exchange Telecommunications Carriers in the State of Illinois

☐ Section 735.180 Directories

☐ Other

CHIEF CLERK'S OFFICE

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ILLINOIS
COMMERCE COMMISSION

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following: **Not Applicable. Applicant is not seeking local exchange authority.**
- (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document
 - (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;
 - (c) The Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and
 - (d) If applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.

5. In what area of the state does the Applicant propose to provide service? **Statewide in Illinois**

5. Please attach a sheet designating contact persons to work with Staff on the following:

See Attachment VII "Designated Contact Persons"

- a) issues related to processing this application
- b) consumer issues
- c) customer complaint resolution
- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

7. Please check type of organization?

<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> X	Corporation
<input type="checkbox"/> Partnership	03/27/2007	Date Corporation was formed
<input type="checkbox"/> Other (Specify)	Florida	In what state?

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.

See Attachment Section III "Certificate of Foreign Authority from Illinois Secretary of State"

9. List jurisdictions in which Applicant is offering service(s).

Florida _____

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

____ YES (Please provide details) **X NO**

11. Have there been any complaints or judgments levied against the Applicant in any other jurisdiction?

____ YES **X NO**

If YES, describe fully. _____

12. Has Applicant provided service under any other name?

____ YES **X NO**

If YES, please list. _____

13. Will the Applicant keep its books and records in Illinois? _____ YES ☒ NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

MANAGERIAL

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

See Attachment V "Resume of Management & Technical Staff"

15. List officers of Applicant.

Pablo Bressan - Managing Member

16. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? _____ YES ☒ NO

If YES, list entity. _____

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

Applicant will not bill for services. Applicant will be selling prepaid calling cards for which payment will be collected on a pre-paid basis as opposed to a post basis where billing and billing statements are required. Applicant will mainly rely on reputable distributors to sell its cards through out the state of Illinois and place the cards at the point of sale where payment is collected upon delivery of prepaid card to the end users.

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)
As is the standard industry process for prepaid calling cards, Applicant's prepaid calling cards will clearly display a 1-800 telephone number that customers / end users can call with complaints or suggestions. Those calls will be handled at the customer service representative level and when necessary, the calls will be escalated up to applicant's Customer Service Manager. If the call cannot be handled by the applicant's customer service manager, the call will then be escalated to applicant's President who will try to handle the matter and if necessary, seek the assistance of the Illinois Commerce Commission to resolve any problems that cannot be handled internally.

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? ☒ YES _____ NO

20. What telephone number(s) would a customer use to contact your company?

(800) 316-1499

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

X YES _____ NO

22. Please describe applicant's procedures to prevent slamming and cramming of customers?

Applicant has strict internal management and customer service policies that prohibit any type of slamming or cramming. Applicant's goal is to build a solid business through a focus on customer satisfaction.

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 732, 735, 755, 756, 757, 770, and 772?

Not Applicable. Applicant is not seeking local exchange carrier authority.

____ YES ____ NO (If no, please provide an explanation.)

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

X YES (See Attachment VI "Initial IXC Tariff No. 1") ____ NO

FINANCIAL

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

Please see Attachment Section IV "Financial Statements and Business Plan"

TECHNICAL

26. Does Applicant utilize its own equipment and/or facilities? ____ YES **X NO**

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

If NO, which facility provider(s)'s services does the Applicant intend to use?

Applicant will resell the long distance US interstate and US to International telecommunications calling capacity of other telecom carriers that have the required US Federal and State regulatory registrations to provide such services. Applicant is currently in the process of determining with whom it will set up such relationships as a reseller.

27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

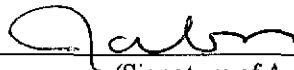
Reselling of US interstate and US to International telecommunications calling capacity through the use of prepaid calling cards aimed at the long distance telecommunications market.

28. Will technical personnel are available at all times to assist customers with service problems?

☒ YES ☐ NO

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? Not applicable. Applicant will not provide payphone services.

☒ YES ☐ NO

☒ 
(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

OATH

State of Florida)

County of Miami-Dade)

Pablo Bressan makes oath and says that he is President
(Insert here the name of affiant)

(Insert the official title of the affiant)

of Telecom AG, LLC


(Insert here the exact legal title or name of the Applicant)


That he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

X 
(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/ Pablo Bressan identified with Florida Drivers
License # B625-6617-360 (Title of person authorized to administer oaths)

in the State and County above named, this 21 day of Jan., 2008.

NOTARY PUBLIC-STATE OF FLORIDA
 **Daniel Hurtado**
Commission # DD469378
Expires: SEP 24, 2009
Bonded Thru Atlantic Bonding Co., Inc.


(Signature of person authorized to administer oath)